

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001893

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

FILED JAN 25 1962

Primary Registration District No. 1002

Registrar's No.

189

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

COUNTY JACKSON

Inside Limits

Yes ☒ No ☐

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

74 YEARS

c. CITY

OR TOWN

KANSAS CITY

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

3427 WYANDOTTE STREET

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3427 WYANDOTTE STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

MARY

Middle

ELIZABETH MORELAND

Last

MORELAND

4. DATE OF DEATH

Month

Day

Year

JANUARY 7

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9/20/84

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CASHIER

10b. KIND OF BUSINESS OR INDUSTRY

EMERY, BIRD, THAYER COMPANY

11. BIRTHPLACE (City and state or country)

FULTON, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

ALEXANDER R. TIPPETT

13b. MOTHER'S MAIDEN NAME

SARAH PRICHETT

14. NAME OF HUSBAND OR WIFE

Mike D. Moreland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 3214 HARRISON ST. MRS. MARTHA SMITH KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Apoplexy

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:

DUE TO (b)

Unknown

DUE TO (c)

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 25, 1954 to January 7, 1962 and last saw her alive on 1/2/62

Death occurred at 5:00 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Harold a. Pallatt M.D.

(Degree or title)

22b. ADDRESS

1132 Prof. Bldg. K.C. Mo. 1/8/62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Washington Cemetery

23d. LOCATION (City, town, or county)

Kansas City

(State)

Missouri

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

1-12-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Harold A. Pallatt

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold D. Reich

Licensed Embalmer No. 4998

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.